

Baba Farid University of Health Sciences, Faridkot
Sadiq Road Faridkot – 151203 (Pb) India
Application form
Walk-In-Interview

Advt. No 08/2021

Interview Date- _____

Details of Application fee
 DD No. Date and Amount

Affix Attested
 Passport size
 Photograph

Note: 1. **Incomplete applications are liable to be rejected.**

1. Application for the post of _____ Specialty _____

2. Applicant's Name (IN BLOCK LETTERS)

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3. Father's Name (IN BLOCK LETTERS)

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4. i) Date of Birth of Applicant
 (attach proof)

DAY	

MONTH	

YEAR	

ii) Age: (as on last date for
 Receipt of application)

YEARS	

MONTHS	

DAYS	

5. Write in the box ONLY ONE category out of SC/ST/BC/GEN
 To which you belong (attach proof if SC/ST/BC):

6. Nationality: _____ 7. Religion _____ 8. Marital Status: _____

9. Educational/Academic Qualification: (attach attested copies certificates)

Examination Passed	Subjects	Year of passing	No. of attempts	University/Institution	Status of MCI recognition (attach proof)
M.B.B.S.					
M.D./M.S./MDS.					
DM/M.Ch					

Please attach proof of Recognition of degree by National Medical Commission, candidate possessing degree not recognized by NMC will not be allowed to appear for interview.

10. No. of papers published : National

International

11. Details of prizes, Medlas, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc.

12. Chronological details of upto date appointments after obtaining qualification (attach experience certificate):

Post held	From	To	Total period	Employer's address

13. (a) Central/State Medical Council with which the applicant is registered (attach proof) : _____

- (b) Medical/Dental Registration Number : _____

14. Permanent Address					15. Correspondence Address				
Pin Code					Pin Code				
Email:					E. Mail				
Mobile No					Mobile No				

16. Details of enclosures attached: 1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____ 7 _____ 8 _____

I hereby declare that I am Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the even of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police verification.

Date: _____
Place: _____

Signature of the applicant

CERTIFICATE BY THE PRESENT EMPLOYER

(In case of candidate who is already in service)

N o. _____ Date _____

Forwarded with the remarks that here is no objection to the selection/appointment of Dr. _____ to the post applied for at BFUHS, Faridkot.

Signature of the employer with
Office Stamp & date